

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled **METHODS OF IDENTIFYING AGENTS AFFECTING ATROPHY AND HYPERTROPHY**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration.

I acknowledge the duty to disclose information of which I am aware that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

I hereby claim the benefit under Title 35, United States Code, §119(e) and 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States Application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) that occurred between the filing date of the prior application and the national or PCT international filing date of this application:

USSN 60/273,174 filed March 2, 2001

And I hereby appoint Joseph M. Sorrentino (Registration No. 32,598), Gail M. Kempler (Registration No. 32,143), Laura J. Fischer (Registration No. P-50,420), and Linda O. Palladino (Registration No. 45,636) each of them my attorneys and agent, each with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, to transact all business in the Patent and Trademark Office connected therewith and to file any International Applications that are based thereon under the provisions of the Patent Cooperation Treaty.

Att. Docket No. REG 910A
USSN Not Yet Known
Filing Date: Filed Herewith
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Please address all communications, and direct all telephone calls, regarding this application to:

Laura J. Fischer
Regeneron Pharmaceuticals, Inc.
777 Old Saw Mill River Road
Tarrytown, New York 10591
Tel. (914-345-7400)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor: David J. Glass

Signature: _____

Date: _____

Citizenship: United States of America

Residence: 341 Furnace Dock Road #30

Cortlandt Manor, New York 10567

United States of America

Post Office Address: same as residence

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